

### New Educational Tool

*“Food for Thought– a parent’s resource guide”* is a booklet recently produced by Action for Media Education (AME) with the support of STEPS to a Healthier US and the US Department of Health and Human Services.

The booklet is intended to help parents make smart food choices for children, raising awareness on how corporations and advertisers often mislead consumers on what exactly they are buying. This is critical if parents are concerned about limiting the consumption of sugar, salt and unhealthy fat in their household diets.

The booklet is nicely designed, including graphics and printed in full color. In 18 pages, AME explains how media advertising (particularly TV) spends about 33 billion dollars to maintain a captive market of children, asking and demanding for unhealthy products.

*“Food for Thought”* also includes useful tips for parents to read and interpret Nutritional Facts labels, basic nutrition information, some recipes and how to prepare healthy snacks for children that are healthier and still attractive for them. For more information on the booklet, feedback and suggestions for their next edition, you may e-mail: [erinmf@u.washington.edu](mailto:erinmf@u.washington.edu)

### REACH for Health

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Seattle, WA 98104

### Upcoming Events and Announcements

7/8 & 9

*International District Festival*

ICHS booth with glucose screening & information on REACH activities. 10 a.m.— 6 p.m.

7/13

*REACH Operations and sustainability meetings*

2 p.m.—5 p.m. Location TBA

7/27

*REACH Coalition meeting*

3 p.m.—5 p.m. Location TBA

FOR NEWSLETTER HARDCOPY, PLEASE CONTACT:

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[www.metrokc.gov/health/REACH](http://www.metrokc.gov/health/REACH)

If you have suggestions or want to submit articles for the newsletter, please contact Javier Amaya at [javier.amaya@metrokc.gov](mailto:javier.amaya@metrokc.gov) or (206) 205-3921 by the 10<sup>th</sup> of April, June, August, October and December.

*The mission of the REACH Coalition is to reduce diabetes health disparities experienced by communities of color. Through strong partnerships, REACH will support the empowerment of individuals, families, and communities, and create sustainable long-term approaches to prevention and control of diabetes utilizing all appropriate community resources in King County.*

# REACH FOR HEALTH

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REACH 2010 Coalition

June 2006

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### ICHS Commitment to REACH

*A conversation with Cam Nguyen  
REACH Program Manager at ICHS*



After talking to Cam Nguyen, REACH program coordinator at the International Community Health Services ICHS, about their activities focused on people affected by diabetes, you immediately get a sense of what it means to be committed to a program and its principles.

ICHS, the major provider of culturally relevant primary care services to Asians and Pacific-Islanders in the Puget Sound, offers western medical services to their clinic clientele and more recently added acupuncture. It also offers dental and mental health services. ICHS provides REACH education and support groups in seven different languages: Cantonese, Mandarin, Vietnamese, Tagalog, Khmer, Korean and Samoan.

The majority of recent participants are referrals from the clinic, and they come from all over King

County. Many of them travel from distant places just to come and participate in the REACH support groups.

REACH classes have been successful, because of ICHS’s emphasis on incorporating culture with teaching. Each community and language is different, unique, and requires a good level of understanding of the culture and traditions.

For example, peer educators include welcoming rituals and ceremonies as ice-breakers that are meaningful to each community. There are “tea ceremonies” in many Asian communities to welcome friends and guests. Food offerings are also important among Samoan traditions.

The REACH support group in the Tagalog language for the Filipino community at present has twenty two participants and there is a waiting list of another twenty people interested. Sefie Cabiao, the peer educator for this group, is an experienced worker who has been with ICHS for over eight years. Her connection with the community explains in part the enthusiastic response from the participants.

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**Cheza’s Chat Corner**  
**May was Older Adults’ Month**

How do you think of older adults in your community and in your life? Are they a valued asset, or a societal and family burden? Are they precious loved ones whose remaining time with us is too short, or people who’ve lived their lives and now use up precious health care resources?

Believe it or not, both points of view exist in our world. If you are from a culture that values older adults, and even ancestors, as wise and revered advisors, then you are like many of us from our REACH communities who are concerned about the health and well being of our elders and want them to have a high quality of life.

This is important to REACH because even though we have noted the increasing rate of Type II diabetes among our youth, it is still most common among people aged 65 and older, and especially among many of our racial and ethnic sub-groups.

Many of us take it for granted that growing older means becoming sick and disabled. Sure, we all have to die from some cause, but we also have the ability to stay healthier for much longer than we currently do.

This is a reminder to practice prevention to avoid or better manage diabetes and other health problems as well. That is:

- **Eat healthier** – 5 to 9 colorful fruits and vegetables, whole grains, protein, watch your portion sizes and eat less fat and sugar.
- **Get moving more** – physical activity at least 30 minutes a day, five or more times a week, at least 10 minutes at a time, will increase your heart health, energy, blood pressure and glucose management. Try walking, stretching while watching TV – or better yet, reduce TV screen time, using weights – even a can of peas, and exercise videos can be fun. Be active alone or with a buddy or a group.
- **Manage your stress levels** – use relaxation, through music, laughter, prayer, bubble baths, or whatever works for you!

Get regular medical care and attend REACH classes and groups, if they are appropriate for you.

**\* Cheza Garvin Ph.D, is the REACH principal investigator. She can be contacted at: [cheza.garvin@metrokc.gov](mailto:cheza.garvin@metrokc.gov)**

cus on 1) Prioritizing efforts, such as the possibility of expanding interventions to other participants or expanding the focus from diabetes to include other chronic disease, and 2) Sustainability, meaning putting our ideas into action, which includes identifying and securing future funding, and making the REACH Alliance a reality. This summary does a disservice to the richness of information detailed in Lesley’s report, so we have slated a full discussion about these findings at the July 27th Coalition meeting. I hope you can come and participate in the discussion.

Some of you may be aware of another set of interviews launched by the Evaluation Team about “System Changes”. In these, our UW-MPH intern, Emily Bancroft, interviewed key staff and management from REACH organizations to identify any changes in how each respective organization approaches client care, diabetes or disparities since REACH’s inception, and to determine the degree to which REACH involvement influenced those changes. Emily has completed the interviews; the Evaluation Team will work on synthesizing the data this summer, so stay tuned for more details.

As always, if you would like to hear more about our evaluation efforts, or would like a copy of any of our reports, you may email me at [Roxana.chen@metrokc.gov](mailto:Roxana.chen@metrokc.gov) or call me at 206.205.4162.

**Rox’s Review: Evaluation Update**

Greetings, all! In case you were wondering, evaluation activities are continuing steadily along. Classes and support groups are going strong and along with them, participant survey collection. We are on point to meeting our target of 900 matched pre/posttest surveys by March 2007. As of May 31, 2006, we had 1,145 pre and 786 matched posttest surveys from REACH participants, and results continue to show significant improvements in nutrition, physical activity and self-efficacy.

This month I would like to focus on the Coalition evaluation. Several of you may recall being interviewed sometime last year or this winter by Dr. Noel Chrisman and/or one of our UW-MPH student interns, Sara Barker and Lesley Steinman. From June 2005 through February 2006, twenty Coalition members were interviewed, including former Coalition members.

Lesley drafted a report about the main themes and findings from these interviews. In a nutshell, members identified three significant Coalition accomplishments since 1999: 1) Having a lasting coalition; 2) Reaching diverse, underserved communities through a multicultural coalition; and 3) Impacting underserved populations with the core disease management interventions. Suggestions members gave about next steps for REACH were to fo-

**Government Officials Visit Sea Mar**

Governor Christine Gregoire and Mexican President Vicente Fox toured the Sea Mar facilities during a brief visit to Seattle at the beginning of May.

Established in 1977, Sea Mar — one of our REACH coalition partners — has advocated for health and social services for all communities including Latinos in the state of Washington.

Among its advocacy efforts, Sea Mar has been a leader in the areas of farm worker housing, health care, immigrant children, Medicaid and Medicare reform, bilingual education, scholarships for Latino youth from farm worker families, and comprehensive immigration reform.

At the main welcoming ceremony, Rogelio Riojas, Executive Director and co-founder of Sea Mar, stressed the need to keep working on both sides

of the border for the rights and wellness of the Latino communities.

Riojas told a reporter from the Seattle Post-Intelligencer before the visit, “*We want to show him [President Fox] our health center and what we have done here. Maybe he can take back some ideas.*”



Governor Gregoire praised the relationship with Mexico and the contributions of the migrant workers to the state when she said, “*Mexico is our partner, Mexico is our friend, Mexico is our neighbor. Without that relationship, we could not be able, as a nation and as a state, to prosper as we are today.*”

In his remarks, President Fox complimented the governor for her recognition of the many economic contributions of the immigrants.

**ICHS commitment to REACH (Continued from page 1)**

The Mandarin and Cantonese classes were both successful because of Angela Wan’s passion in helping out her community. One of her Mandarin participant said that “he was experiencing a lot of pain before joining her class”, after her class, he has learned how to manage his pain better.

Cam mentions that ICHS implemented asking clinic patients for feedback and input about their programs and recently during the preparation process of the cookbook, Community Review sessions were conducted.

Another tool that is very important in REACH activities is the upcoming cookbook *Healthy Asian Recipes* published in five different languages. Along with printed copies, ICHS will make it available in electronic format for people to download and print the cookbook at home.

When asked, what is the key message for the Asian and Pacific Islander communities affected with diabetes participating in REACH, Cam says, “I think it is moderation”. “People don’t need to feel guilty or terribly bad if they include small amounts of carbohydrates and sweets in their diets, when is medically allowed”. “The second part is the importance of remaining physically active, walk more and consider exercise.”

Given the difficulties in predicting future funding for REACH Cam says, that her agency is already referring clients to other existing programs or services they don’t presently offer. “We need to collaborate” she adds. “ICHS values REACH as a way to improve the quality of life of our clients with diabetes and we will try hard to explore ways to incorporate many of its present components beyond the existence of the coalition”.

**By Javier Amaya**